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Dkt No. BUR920030144US1

Fee  
only

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Charles J. Masunas

Group Art Unit: 2816

Filed: 11/25/2003

Examiner: Nguyen, Hai L.

Serial No.: 10/707,177

Title: VOLTAGE CONTROLLED OSCILLATOR (VCO) WITH AMPLITUDE  
CONTROL

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Request for Reconsideration

Sir:

This Request for reconsideration is in response to the Office Action mailed  
January 4, 2005.

10/707,177

1

04/22/2005 TBELL1 00000002 090456 10707177  
02 FC:1201 200.00 DA

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P. 02

PTO/SO/22 (05-04)

Approved for use through 7/31/2000. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**Docket Number (Optional)  
BUR920030144US1

Application Number 10/707,177

Filed 11/25/2003

For Charles J. Maseenos

Art Unit 2816

Examiner Nguyen, Hai L.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110	\$55	\$ 110
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430	\$215	0
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980	\$490	0
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1530	\$765	0
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2080	\$1040	0

- Applicant claims small entity status. See 37 CFR 1.27.
- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director has already been authorized to charge fees in this application to a Deposit Account.
- The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 09-0456(IBM). I have enclosed a duplicate copy of this sheet.

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

- applicant/inventor
- assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
- attorney or agent of record. Registration Number 44,688
- attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR \_\_\_\_\_

Jack P. Friedman

Signature

04/15/2005

Date

Jack P. Friedman

Typed or printed name

(518) 220-1850

Telephone Number

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

10707177

If you need assistance in completing this form, call 1-800-PTO-9199 and select option 2.

PAGE 215\* RCVD AT 4/15/2005 3:09:49 PM [Eastern Daylight Time]\* SVR:USPTO-EFXRF-10\*DMS:8729306\*CSID:1 DURATION (mm:ss):00:38

Fee  
Only

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective December 8, 2004

Application or Docket Number

10707177

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	REMAINING AFTER AMENDMENT			
Total	*	18	Minus	** 20 = ✓
Independent	*	4	Minus	*** 3 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	150.00	OR BASIC FEE	300.00
X\$ 25=		OR X\$50=	
X100=		OR X200=	
+180=		OR +360=	
TOTAL		OR TOTAL	

OTHER THAN  
SMALL ENTITY OR SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 25=		OR X\$50=	
X100=		OR X200=	200
+180=		OR +360=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	200

AMENDMENT B	CLAIMS		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	REMAINING AFTER AMENDMENT			
Total	*	Minus	** ;	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 25=		OR X\$50=	
X100=		OR X200=	
+180=		OR +360=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	REMAINING AFTER AMENDMENT			
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 25=		OR X\$50=	
X100=		OR X200=	
+180=		OR +360=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10707177

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20 =	-
INDEPENDENT CLAIMS	8 minus 3 =	-
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE

RATE	FEES
BASIC FEE	385.00
XS 9=	
X43=	
+145=	
TOTAL	

OTHER THAN  
OR SMALL ENTITY

RATE	FEES
BASIC FEE	770.00
XS18=	
X86=	
+290=	
TOTAL	770

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			MINUS	=
Total	*		**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>		

SMALL ENTITY OR OTHER THAN  
OR SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			MINUS	=
Total	*		**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>		

RATE	ADDI- TIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			MINUS	=
Total	*		**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>		

RATE	ADDI- TIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.